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## \*BIBDATASHEET\*

CONFIRMATION NO. 6202

Bib Data Sheet

SERIAL NUMBER 10/706,019	FILING DATE 11/12/2003  RULE	CLASS 119	GROUP ART UNIT 3644	ATTORNEY DOCKET NO. CHAMBERS #2
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

\*\* 02/12/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <u>[Signature]</u> Initials <u>4</u>	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 1
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## TITLE

Animal leg wrap

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